Approved, SCAO JIS CODE: AGW

STATE OF MICHIGAN PROBATE COURT COUNTY OF

ANNUAL REPORT OF GUARDIAN ON CONDITION OF LEGALLY INCAPACITATED INDIVIDUAL FINAL REPORT

NOTE: This report must be completed yearly by the guardian, or more often if directed by the court. The guardian must serve the

report for the period of to is as follows. 2. Present age of the adult: Date of birth: 3. Living Arrangement a. The current address and telephone number of the adult are: b. The name of the facility where the adult resides, if any: c. The adult's residence is:		a proof of service (form PC 564) and file it and	·
2. Present age of the adult:	In the matter of		, a legally incapacitated individual
2. Present age of the adult:	1. I, Name (type or print)	, am the ç	guardian of the adult named above and my annual
a. The current address and telephone number of the adult are: b. The name of the facility where the adult resides, if any: c. The adult's residence is: own home/apartment guardian's home/apartment other: nursing home hospital or medical facility (boarding home, assisted living, etc.) foster home relative's home: Relationship d. The adult has been in the present residence since Date the changes and the reasons for change. If moved within the past year, state the adult's living arrangement as excellent. average. below average. Explain f. I believe the adult is content with the living situation. unhappy with the living situation.	report for the period of Date	to	is as follows.
a. The current address and telephone number of the adult are: b. The name of the facility where the adult resides, if any: c. The adult's residence is: own home/apartment guardian's home/apartment other: nursing home hospital or medical facility (boarding home, assisted living, etc.) foster home relative's home: Relationship d. The adult has been in the present residence since Date the changes and the reasons for change. If moved within the past year, state the adult's living arrangement as excellent. average. below average. Explain f. I believe the adult is content with the living situation. unhappy with the living situation.	2. Present age of the adult:	Date of birth:	
f. I believe the adult is content with the living situation unhappy with the living situation.	 b. The name of the facility when c. The adult's residence is: own home/apartment nursing home foster home d. The adult has been in the present of the	guardian's home/apartment hospital or medical facility relative's home: Relationship	other:(boarding home, assisted living, etc.)
	e. I rate the adult's living arrang	gement as □ excellent. □ average.	□ below average. Explain
		•	
(SEE SECOND PAGE)		(SEE SECOND PAGE)	

Do not write below this line - For court use only

	Physical Healt					_	
		urrent physical condition is		\square good.	☐ fair.	poor.	
 b. During the past year the adult's physical condition has ☐ remained about the same. 							
		Explain					
		worsened. Explain					
	Date	Ailment	ne ronowing med		reatment	· · · · · · · · · · · · · · · · · · ·	or's Name
	Date	Aiiiieiit		Type of I	reatment	Docto	1 S IVAIIIC
5.	Do-Not-Resuse	citate Order					
		kecute, reaffirm, or revoke a	do-not-resuscit	ate order.			
		xecuted reaffirmed	revoked			the adult under MCL	
	In doing s	o, I 🔲 did	did not	consult with	the adult and his	s/her attending physic	ian.
_	Mantal Haalth						
-	Mental Health	urrent mental condition is	excellent.	□ good	☐ foir	□ noor	
		ast year, the adult's mental		good.	∐ fair.	☐ poor.	
		about the same.	Condition nas				
		Explain					
		Explain					
		ast year, treatment or evalu			ologist, or social w	vorker	
	provided.						
	Social Activitie						
		urrent social condition is	excellent.	\square good.	∐ fair.	poor.	
		ast year, the adult's social c about the same.	condition has				
		Explain					
		Explain					
		ast year, the adult has partic			es:		
		al					
	education	al					
	social						
	occupation	nal					
		es were available.					
		refused to participate in any					
		was unable to participate in	any activities.				

8. List of Visits a. During the past year, I visited the adult as follows: ${\text{Lis}}$		
Lis	of dates	
b. The average amount of time I spent on each visit was	,	
c. The last time I visited with the adult was on		
During the past year, I performed the following activities	on behalf of the adult:	
Consultation During the past year, I consulted with the adult before r	making the following decisions:	
11. I believe the adult has the following unmet needs:		
☐ 12. The guardianship ☐ should ☐ should no	ot be continued because:	
Note: If you no longer wish to serve as guardian, you must file	e a petition to remove yourself.	
☐ 13. There ☐ is ☐ is not more cash or property than	what was previously reported to the court.	
If there is, specify the additional amount: \$		
\square 14. As guardian, I have been ordered by the court to file		
Date	Signature	
Address New address	City, state, zip	Telephone no